

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035419

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 206

Primary Registration District No. 3041

Registrar's No. 154

FILED OCT 9 1962

1. PLACE OF DEATH

a. COUNTY

MACON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

MACON

Length of stay in lb

Hours

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Samaritan Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

MACON

c. CITY

MACON

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

R.F.D. # 3

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Clifford

EARL Thomas

4. DATE OF DEATH

Month

Day

Year

Sept

27

1962

5. SEX

COLOR OR RACE

Male

White

7. Married

Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Nov 18, 1890

72

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER & Produce Worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Shelbina, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Charley Thomas

13b. MOTHER'S MAIDEN NAME

Jennie Renner

14. NAME OF HUSBAND OR WIFE

Ruby Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Ruby Thomas

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH
Few hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Severe Anemia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Sept 23-62

to Sept 27-62

and last saw him alive on

Sept 27-1962

Death occurred at

2.0 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Howard Mueller MD

22b. ADDRESS

Macon

22c. DATE SIGNED

7/29/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

9-29-62

23c. NAME OF CEMETERY OR CREMATORY

Hillcrest Memorial

MACON MO

LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lester Hutton 309 N. Ruby Macon

25. DATE RECD. BY LOCAL REG.

10-1-62

26. REGISTRAR'S SIGNATURE

Ruth McNeely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10611

20610

3

4 0

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8 2

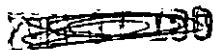
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10

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12 10

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OCT 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Billy H. Binder

Licensed Embalmer No. 5034

P. O. Address Macon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.